
Final Wage Compliance Report(To be completed and submitted at the end of the project.)

Date:	
To:	Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
From:	
Grantee:	
Grant Number:	

Project Information

While you or your representative were reviewing the contractor=s weekly payrolls, were any laborers or mechanics paid less than the minimum wage rate plus fringe benefits as specified in the Secretary of Labor=s Wage Decision that applied to this project?

	Yes		No	
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(If yes, fill out the remaining portion of this form.)

Total amount of restitution paid:	\$
Method of restitution paid by contractor:	
Method of restitution paid by Grantee with funds withheld from payment:	

Affected Employee (List Each Affected Employee. Attach Additional Copies if Needed.)	
Contractor/Subcontractor:	
Name of Affected Employee:	
Amount of Restitution Paid to Employee:	\$
Nature of Violation Leading to Restitution:	
Contractor/Subcontractor:	
Name of Affected Employee:	
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